N44946

(Re	equestor's Name)
(Ad	idress)
bA)	idress)
(Cit	ty/State/Zip/Phone #)
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of the corporation: Tarpon Shores	Tarpon Shores RO Association, Inc.		
2. The principal office address: 7300 Park Stree			
<u> </u>			
3. The mailing address (if different):			
4. Date of incorporation/qualification:	Document number: <u>N44946</u>		
5. The name and street address of the current re	egistered agent and registered office on file with the		

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

	Greenberg Nikoloff, P.A.	_
	1964 Bayshore Boulevard	
	Dunedin, FL 34698	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	
	Jonathan J. Ellis, Esquire	
	Shumaker, Loop & Kendrick, LLP	
	P.O. Box NOT acceptable	
	101 E. Kennedy Boulevard, Suite 2800, Tampa, FL 33602	

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

35078ABF6Cbianiture of an officer or director

Charles Anderson, President Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of no duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agen

If signing on behalf of an entity:

Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)